



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

[www.ci.lincoln.ne.us](http://www.ci.lincoln.ne.us)

March 9, 2004

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of North Forty Golf, 8101 Adams Street requesting a class C liquor license.

North Forty Golf has been annexed into the City of Lincoln, but currently has a liquor license under the County jurisdiction.

North Forty Golf has requested that Jeffrey Schreiner be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jeffrey Schreiner was born in Nebraska City, Nebraska. He attended Doane College graduating in 1998.

Jeffrey Schreiner employment history is as follows:

2001 – Present	Assistant Golf Pro, North Forty	Lincoln, NE.
2001 – 2002	Sales, Home Depot	Lincoln, NE.
1998 - 1999	Sales, Menards	Lincoln, NE

Stockholder information is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) NORTH FORTY GOLF

☒ Manager ☐ Owner ☐ Other \_\_\_\_\_

Name: JEFFREY SCHREINER

US Citizen ? ☒ Yes ☐ No

Has applicant ever been cited for liquor law violations ? ☒ No ☐ Yes  
Explain \_\_\_\_\_

Does applicant have an interest in another liquor license ? ☒ No ☐ Yes  
Explain \_\_\_\_\_

Is spouse qualified to hold a license ? Yes ☐ No ☒ N/A

How is applicant if not an owner to be paid ? ☒ Salary ☐ Hourly

How many hours will applicant be at the establishment ? 50+

Any other employment ? ☒ No ☐ Yes, explain \_\_\_\_\_

Any previous experience with a liquor license? Yes ☐ No ☒

Any criminal convictions ? ☒ No ☐ Yes  
Comments \_\_\_\_\_

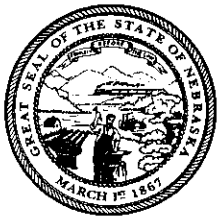
Is applicant a property owner in Lincoln ? ☒ Yes ☐ No

Is applicant involved in any civil litigation ? ☒ No ☐ Yes  
Comments \_\_\_\_\_

☒ Photo ☒ Records Check ☒ References

Comments \_\_\_\_\_

Interview Date 3/9/04



Mike Johanns  
Governor

FILED  
CITY CLERK'S OFFICE  
'04 MAR 2 PM 2 28  
CITY OF LINCOLN  
NEBRASKA

## NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

March 1, 2004

A4-023782

42

Office of the City Clerk  
555 So 10<sup>th</sup> Street  
Suite 103  
Lincoln NE 68508

RE: North Forty Golf, Inc.  
Application #C-62677 (annexed)

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman  
Licensing Division

Rhonda R. Flower  
Enclosures Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

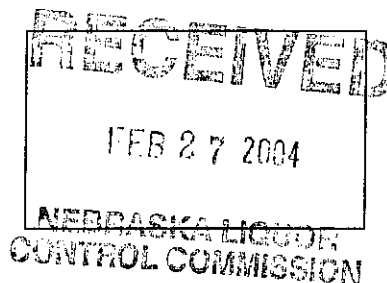
Annexed Current Lic # M-18620

City

**APPLICATION FOR LICENSE**

Nebraska Liquor Control Commission  
PO Box 95046,  
301 Centennial Mall South  
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>  
Phone: (402) 471-2571  
Fax: (402) 471-2814



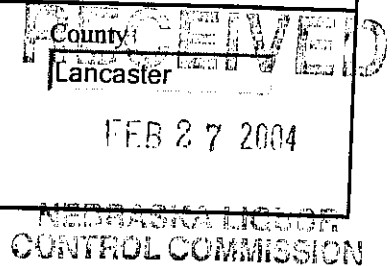
#62677

**INSTRUCTIONS:** Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk ( \* )

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH**

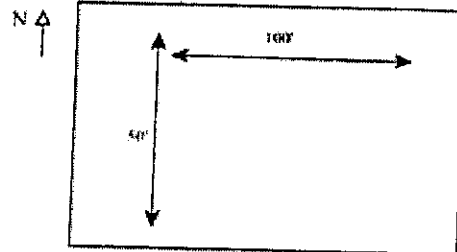
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
✓ <input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION *		CORPORATE SURETY BOND INFORMATION	
Type of application being applied for (check appropriate box)		Bond Company - for Classes L V W X Y only	
1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached		Start Date Month/Day/Year	
		Bond Number	
SECTION A - LOCATION INFORMATION - Must be completed by all applicants			
Trade Name (name of business)		Telephone Number at premise to be licensed	
North Forty Golf, Inc.		402-466-4653	
1) Street Address of Proposed licensed premise		2) Mailing Address for receipt of Liquor Control Commission mailings	
8101 Adams St.		8360 Katrina Lane	
City	County	City	County
Lincoln	Lancaster	Lincoln	Lancaster
Zip Code		Zip Code	
68507		68512	

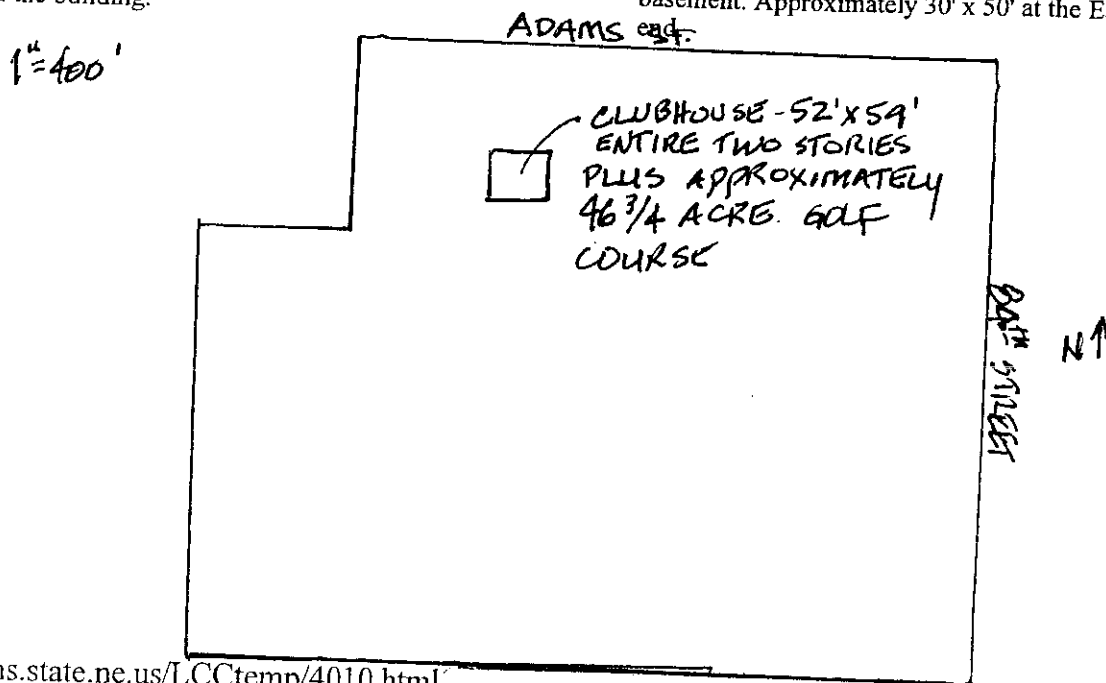


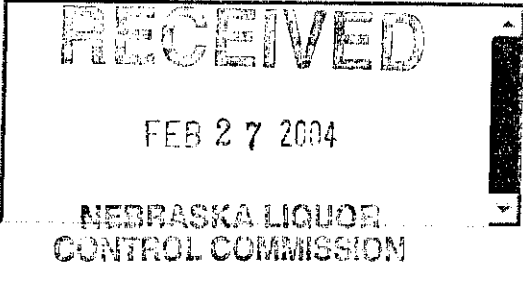
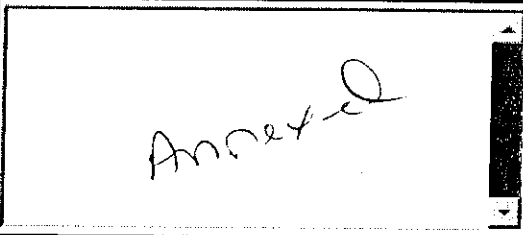
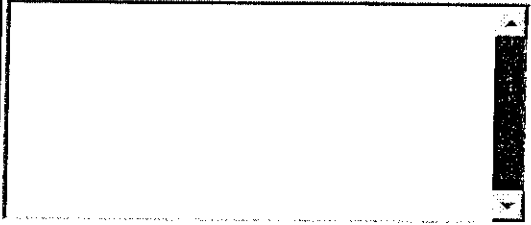
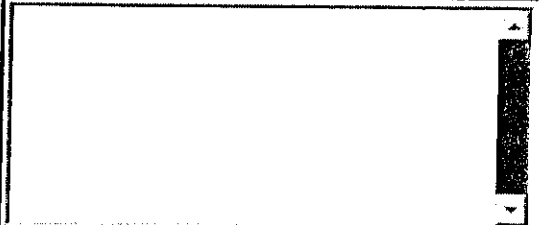
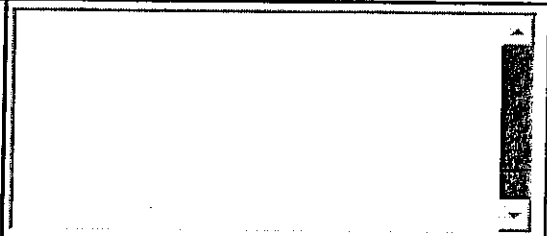
### DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East



SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No		
<p>* 1. <b>READ CAREFULLY.</b> Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">FEB 27 2004</p> <p style="text-align: center;"><b>NEBRASKA LIQUOR CONTROL COMMISSION</b></p>
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Pinnacle Bank  <i>James White</i>  <i>Jeffrey Schreiner</i>  <i>Joyce White</i>  <i>Thomas Barker</i>  <i>Brian Nielsen</i></p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>We are now in the city limits, and therefore have to re-file this application. There are no other licenses held by any person other than the one the North Forty already has.</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Jeff Schreiner - approximately 50 hours per week.</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Jeff has been employed at the North Forty for the last three golf seasons, so is very familiar with our operation, both from a selling and serving of alcohol products.		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	N/A		
15. When do you intend to open for business?	The business has been there for 14 years, we have just recently been brought into the city limits and therefore have to re-file.		
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Jim White	1985	present	Lincoln, NE
Joyce White	1985	present	Lincoln, NE
Jeffrey Schreiner	2001	present	Lincoln, NE
	1995	2001	Nebraska City, NE

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FEB 27 2004

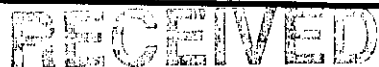
NEBRASKA LIQUOR  
CONTROL COMMISSION



The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

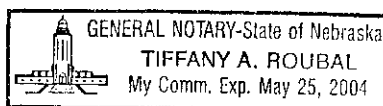
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign here <u>James B. White</u>	Sign Here _____	 FEB 27 2004 NEBRASKA LIQUOR CONTROL COMMISSION
Sign Here <u>Jack L. Schultz</u>	Sign Here _____	
Sign Here <u>Yoke White</u>	Sign Here _____	
Sign Here _____	Sign Here _____	

Subscribed in my presence and sworn to before me this 26<sup>th</sup> day of FEBRUARY, 2004

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign here

Tiffany A. Roubal  
Notary Public Signature

Verify & Print form

FORM 35-4010

1

REV 1/01

BKD, LLP  
Application for License

Fax: 402-473-7698

Feb 27 2004 11:04

P. 02

Page 6 of 6

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign  
here \_\_\_\_\_Sign  
Here \_\_\_\_\_

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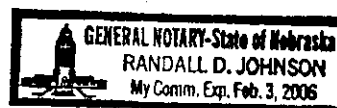
Sign  
Here \_\_\_\_\_Sign  
Here \_\_\_\_\_

FEB 27 2004

Sign  
Here \_\_\_\_\_Sign  
Here \_\_\_\_\_NEBRASKA LIQUOR  
CONTROL COMMISSIONSign  
Here \_\_\_\_\_Sign  
Here \_\_\_\_\_

Subscribed in my presence and sworn to before me this 27 day of February, 2004

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign  
here \_\_\_\_\_

Notary Public Signature

Verify &amp; Print form

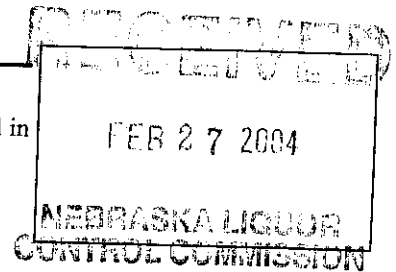
FORM 35-4010

REV 1/01

**Corporation/LLC Application for License - Form 3**  
Nebraska Liquor Control Commission

**INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate
  - 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
  - 3) Information regarding spouses must be completed
- Required areas marked by a red asterisk ( \* )



Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

North Forty Golf, Inc. \*

Total Number of Shares (if corporation)

1000 \*

Corporate Street Address

8101 Adams St. \*

Mailing address for receipt of Liquor Control Commission Mailings

360 Katrina Lane, Lincoln, NE 68512 \*

Corporate Telephone Number

02-466-4653 \*

City

Lincoln \*

County

Lancaster \*

State

NE \*

Zip Code

68507 \* -

Name of Registered Agent

Scott Davis \*

Name of Proposed Manager

Jeffrey Schreiner \*

**IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER**

Name

James B. White \*

Title

President \*

Date of Birth

Social Security Number

\* -

Home Address (1)

8360 Katrina Lane \*

City

Lincoln \*

State

NE \*

Zip Code

68512 \* -

Home Telephone Number

02-610-4653 \*

**PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES**

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

James B. White

President

# RECEIVED

FEB 27 2004

*Divorced*

Spouse Name <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Partner Number of Shares / % <span style="float: right;"><i>40% / 400 shares</i></span>		Spouse Number of Shares / % <span style="float: right;"><input style="width: 100%;" type="text"/></span>	

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name <input style="width: 100%;" type="text"/> <i>Gerald L. Wallerstedt</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> <i>Vice Presiden</i>
Spouse Name <input style="width: 100%;" type="text"/> <i>Ruth Wallerstedt</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Partner Number of Shares / % <span style="float: right;"><i>11% / 110 shares</i></span>	Spouse Number of Shares / % <span style="float: right;"><input style="width: 100%;" type="text"/></span>		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name <input style="width: 100%;" type="text"/> <i>Joyce C. White</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> <i>Secretary</i>
Spouse Name <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Partner Number of Shares / % <span style="float: right;"><i>27% / 270 shares</i></span>	Spouse Number of Shares / % <span style="float: right;"><input style="width: 100%;" type="text"/></span>		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name <input style="width: 100%;" type="text"/> <i>Jack L. Shultz</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> <i>Treasurer</i>
Spouse Name <input style="width: 100%;" type="text"/> <i>Kathy Shultz</i>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Partner Number of Shares / % <span style="float: right;"><i>25% / 25 shares</i></span>	Spouse Number of Shares / % <span style="float: right;"><input style="width: 100%;" type="text"/></span>		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Spouse Name _____	
Partner Number of Shares / % _____	Spouse Number of Shares / % _____

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation \_\_\_\_\_

FEB 27 2004  
NEBRASKA  
CONTROL COMMISSION

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

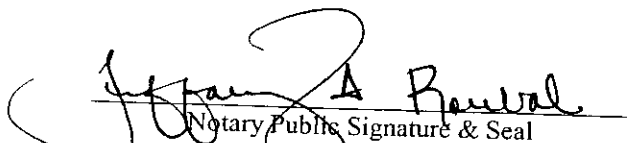
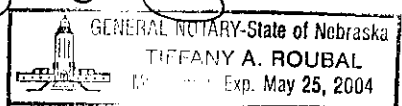
Please indicate below your corporate tax year with the IRS

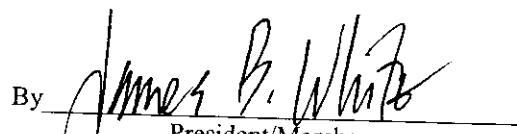
Starting date: January Ending date: December


State of NEBRASKA

LANCASTER County

)  
) ss.  
)

  
Notary Public Signature & Seal  


By   
President/Member

  
Secretary/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

# Application for Corporate Manager

**\*Must Be A Nebraska Resident\***

**Please submit in Triplicate**

Return to: Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

RECEIVED

## LIQUOR LICENSE INFORMATION

FEB 27 2004

NAME OF LICENSED CORPORATION

NORTH FORTY GOLF, INC

CLASS & LICENSE NUMBER

NEBRASKA LIQUOR  
CONTROL COMMISSION

TRADE NAME OF LICENSED PREMISE

NORTH FORTY GOLF

STREET ADDRESS OF LICENSED PREMISE

8101 ADAMS

CITY

LINCOLN

COUNTY

LANCASTER

ZIP CODE

68507

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

X James B. White

## APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN)

SCHREINER, JEFFREY, JOSEPH

SEX  
F ☒ M

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PLACE OF BIRTH

NEBRASKA City, NE

HOME STREET ADDRESS

3521 N 74TH

CITY

LINCOLN

COUNTY

LANCASTER

STATE

NE

ZIP CODE

68507

HOME TELEPHONE NUMBER

(402) 310-1960

BUSINESS TELEPHONE NUMBER

(402) 466-4653

DRIVERS LICENSE NUMBER & STATE

## SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)

Schreiner, Angela, Mae, Lewis

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER  
& STATE

DATE OF BIRTH:

PLACE OF BIRTH

Grand Island ne

1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ Yes ☒ No

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.


☐ YES ☒ NO

☐ YES ☒ NO☒ YES      ☐ NO

☒ YES ☐ NO

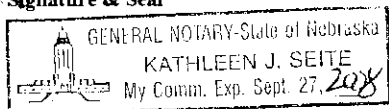
STATE OF NEBRASKA )  
 ) SS  
COUNTY OF )

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

  
Signature of Applicant

Subscribed in my presence and sworn to before me this 25<sup>TH</sup>  
day of February, 2009.

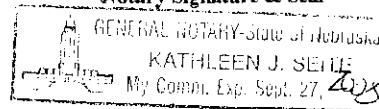
Matthew J. Stein  
Notary Signature & Seal



Angela n7 Schmitt  
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 25<sup>th</sup>  
day of February 2001.

Notary Signature & Seal



NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

RECEIVED

FEB 27 2004

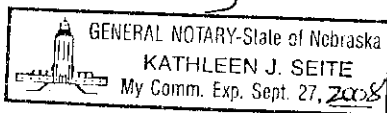
Angela M. Smith

Signature of Spouse

NEBRASKA LIQUOR  
CONTROL COMMISSION

SUBSCRIBED in my presence and sworn to before me this 25<sup>th</sup> day of

February, 2004.



Kathleen J. Seite

Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Jeffrey J. Schreiner

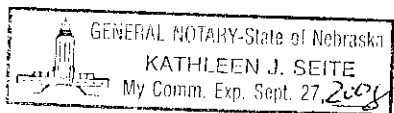
Signature of Licensee/Applicant

JEFFREY J. SCHREINER

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 25<sup>th</sup> day of

February, 2004.



Kathleen J. Seite

Signature of Notary Public

FORM 35-4178  
REV 2/01

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